



FILED

FORM RF-1 Rate Filing Abstract NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	HO AR0616101R01	By bharrington at 1:42 pm, 5/26/06
2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	N/A	

PROPERTY & CASUALTY

ARKANSAS INSURANCE DEPARTMENT

	Company Name		Company NAIC Number
3.	A. Massachusetts Bay Insurance Company	B.	0088-22306

	Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)
4.	A. 4.0000	B.	4.0000

5.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
HO 2, 3	8.7%	2.0%					
HO 4	N/A	N/A					
HO 6	0.5%	0.0%					
TOTAL OVERALL EFFECT	8.5%	2.0%					

6.

5 Year History

Rate Change History

Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2001	4,153	7.9%	11/1/2001	\$2,146	\$1,322	61.6%	54.0%
2002	5,134	7.2%	11/1/2002	\$2,654	\$1,607	60.5%	50.0%
2003	5,131	4.7%	11/1/2003	\$3,082	\$1,536	49.8%	57.6%
2004	5,005	4.9%	11/1/2004	\$3,212	\$1,132	35.2%	56.6%
2005	4,630	5.7%	11/1/2005	\$3,249	\$926	28.5%	106.1%

7.

Expense Constants	Selected Provisions
A. Total Production Expense	
B. General Expense	
C. Taxes, License & Fees	
D. Underwriting Profit & Contingencies	
E. Other (explain)	
F. TOTAL	

8. N Apply Lost Cost Factors to Future filings? (Y or N)9. 4.8% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable):10. -5.7% Estimated Maximum Rate Decrease for any Insured (%). Territory (if applicable):